

2189

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>149</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>613</u>	
Town of _____ or <u>Globe</u>	(No. _____) (St. _____) (Ward _____)	Local Registrar's No. _____	
FULL NAME OF CHILD <u>Ethelyn Marie Taylor</u>		Born <input type="checkbox"/> Yes	Alive <input checked="" type="checkbox"/> No
If child is not named, make Supplemental Report on blank obtainable from local Registrar.			
Sex of Child <u>7</u>	Twin, Triplet or other _____	Number in order of birth _____	Legitimate <input checked="" type="checkbox"/> Yes
Date of Birth <u>Oct. 17</u>	(Month) (Day) (Yr.)		
FATHER		MOTHER	
Full Name <u>William Dean Taylor</u>	Full Maiden Name <u>Emma Enola Forest</u>		
Residence <u>Globe, Ariz.</u>	Residence <u>Globe</u>		
Color or Race <u>White</u>	Color or Race <u>White</u>	Age at last Birthday <u>27</u>	Age at last Birthday <u>17</u>
(Years)	(Years)		
Birthplace <u>New York</u>	Birthplace <u>New Mexico</u>		
Occupation <u>Laborer</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>1</u>	Number of children of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>1</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Oct. 17</u> , 192 <u>0</u> , at <u>2⁴⁵</u> AM.			
*When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>C. W. Adams</u>	
		(Attending physician, midwife, householder*)	
Given or Christian name added from a supplemental report _____ 192 <u>0</u>		Address <u>Globe, Ariz.</u>	
Filed <u>7001</u> 192 <u>0</u>		LOCAL REGISTRAR.	
<u>539-1017-512</u> COUNTY REGISTRAR.		A True Copy	
Filed <u>7005</u> 192 <u>0</u>		COUNTY REGISTRAR.	